County: Winnebago OMRO CARE CENTER

500	SOUTH	GRANT	STREET

OMRO	54963	Phone: (920) 685-2755	5	Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	: 365	Highest Level License:	Skilled
Operate in Con	njunction with H	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/03):	114	Title 18 (Medicare) Certified?	Yes
Total Licensed	l Bed Capacity ((12/31/03):	114	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31/	03:	98	Average Daily Census:	88

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	용
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 	% 	. 5 1			22.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0		4.1	More Than 4 Years	20.4
Day Services Respite Care	No Yes	Mental Illness (Org./Psy) Mental Illness (Other)	35.7 3.1		10.2 33.7	•	78.6
Adult Day Care	No		0.0		44.9	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over	7.1		
Congregate Meals	No	Cancer	0.0	'		,	dents
Home Delivered Meals	No	Fractures	9.2	'	100.0	. , . , ,	
Other Meals	No	Cardiovascular	10.2	65 & Over	95.9		
Transportation	No	Cerebrovascular	9.2			RNs	6.1
Referral Service	No	Diabetes	6.1	Gender	용	LPNs	9.5
Other Services	Yes	Respiratory	7.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	12.2	Male	31.6	Aides, & Orderlies	36.4
Mentally Ill	No			Female	68.4		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0	[
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Method of Reimbursement

		Medicare			Medicaid			Other			Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	06	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	15	100.0	280	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	15	15.3
Skilled Care	0	0.0	0	62	95.4	121	3	100.0	132	15	100.0	150	0	0.0	0	0	0.0	0	80	81.6
Intermediate				3	4.6	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		65	100.0		3	100.0		15	100.0		0	0.0		0	0.0		98	100.0

OMRO CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	6.1	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents
Private Home/With Home Health	0.6	Bathing	9.2		83.7	7.1	98
Other Nursing Homes	3.1	Dressing	9.2		80.6	10.2	98
Acute Care Hospitals	89.0	Transferring	20.4		65.3	14.3	98
Psych. HospMR/DD Facilities	0.0	Toilet Use	17.3		56.1	26.5	98
Rehabilitation Hospitals	0.0	Eating	51.0		36.7	12.2	98
Other Locations	1.2	******	*****	*****	*****	******	*****
otal Number of Admissions	163	Continence		용	Special Treatmen	ts	용
ercent Discharges To:		Indwelling Or Extern	nal Catheter	8.2	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	25.8	Occ/Freq. Incontiner	nt of Bladder	52.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	2.0	Occ/Freq. Incontiner	nt of Bowel	34.7	Receiving Suct	ioning	1.0
Other Nursing Homes	2.0	_			Receiving Osto	my Care	3.1
Acute Care Hospitals	39.1	Mobility			Receiving Tube	Feeding	3.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	9.2	Receiving Mech	anically Altered Diets	25.5
Rehabilitation Hospitals	0.0						
Other Locations	7.3	Skin Care			Other Resident C	haracteristics	
Deaths	23.8	With Pressure Sores		9.2	Have Advance D	irectives	77.6
otal Number of Discharges		With Rashes		26.5	Medications		
(Including Deaths)	151				Receiving Psyc	hoactive Drugs	0.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietarv	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	96	용	Ratio	용	Ratio	용	Ratio	왕	Ratio
Occumency Date: Average Daily Concyc/Licensed Dada	77.2	86.2	0.90	87.6	0.88	88.1	0.88	87.4	0.88
Occupancy Rate: Average Daily Census/Licensed Beds									
Current Residents from In-County	90.8	78.5	1.16	83.0	1.09	82.1	1.11	76.7	1.18
Admissions from In-County, Still Residing	24.5	17.5	1.40	19.7	1.25	20.1	1.22	19.6	1.25
Admissions/Average Daily Census	185.2	195.4	0.95	167.5	1.11	155.7	1.19	141.3	1.31
Discharges/Average Daily Census	171.6	193.0	0.89	166.1	1.03	155.1	1.11	142.5	1.20
Discharges To Private Residence/Average Daily Census	47.7	87.0	0.55	72.1	0.66	68.7	0.70	61.6	0.77
Residents Receiving Skilled Care	96.9	94.4	1.03	94.9	1.02	94.0	1.03	88.1	1.10
Residents Aged 65 and Older	95.9	92.3	1.04	91.4	1.05	92.0	1.04	87.8	1.09
Title 19 (Medicaid) Funded Residents	66.3	60.6	1.10	62.7	1.06	61.7	1.07	65.9	1.01
Private Pay Funded Residents	15.3	20.9	0.73	21.5	0.71	23.7	0.65	21.0	0.73
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	38.8	28.7	1.35	36.1	1.08	35.8	1.08	33.6	1.15
General Medical Service Residents	12.2	24.5	0.50	22.8	0.54	23.1	0.53	20.6	0.60
Impaired ADL (Mean)	46.5	49.1	0.95	50.0	0.93	49.5	0.94	49.4	0.94
Psychological Problems	0.0	54.2	0.00	56.8	0.00	58.2	0.00	57.4	0.00
Nursing Care Required (Mean)	8.5	6.8	1.26	7.1	1.21	6.9	1.24	7.3	1.17